

CERTIFICATION OF SERVICE

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

From _____

Name _____

Name of Certifying Agency

Social Security No. _____ - _____ - _____

TRS No. _____

Job Classification of Employee _____
For the Time Period Certified _____

School Year July 1 – June 30	Contract Salary	Actual Salary Paid	# Months Worked	# Months Contracted	Time Basis (Full ¾, ½, ¼)

This Certification is being provided to allow TRS to determine retirement service credit for this time period, to determine if this person is eligible to establish any additional service credit, and the cost for that additional service credit.

Date

Authorized Official

(_____) _____
Telephone Number